									Application or Docket Number .					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10 757, 250						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	E	•	OR	OTHER	THAN ENTITY	
TOTAL CLAIMS 20							ĺ	RATE FEE		FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 0 minus 20=		. 8			XS 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		. 0			X43=			OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					+145=			1	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTA	_		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II									- 1		10.,	OTHER		
01/04/07 (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	- 20	)	- Ø		X\$ 9=			OR	X\$18=		
	Independent	. 3	Minus	3		• /	Ī	X43=			OR	X86=	A	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145=	1		OR	+290=		
	1, 8, 15							TOTA	ᆎ			TOTAL		
(Column 1) (Column 2) (Column 3)									EL		Jon ,	ÁDDIT. FEE		
AMENDMENT B	· ···	CLAIMS REMAINING		HIGHE	ST		Г		T	ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	1	FEE		RATE	TIONAL FEE	
	Total	•	Minus	**	•	=	T	X\$ 9=	1		OR	X\$18=		
	Independent	•	Minus	ter	<u> </u>	=	r	X43=	1	·	OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		r	+145=	†		l	+290=		
								TOTA	╬		OR	TOTAL	•	
									EL		OR ,	DOIT, FEEL		
		(Column 1) CLAIMS		(Colum		(Column 3)	_			··-				
NEN L		REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA		RATE	•	ADDI- IONAL FEE	l	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>-</b>	Γ	X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus	***		8		X43=	t			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR		——-i	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=		
H	** If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Pald For" IN THIS SPACE is I ss than 3, enter "3."										OR A	DDIT. FEE		
· Ť	h "Highest Num	ber Previously Paid	For (Total or	Independer	nt) is the	i o, enter o. highest number t	lound	d in the a	ppr	priate box	in colu	mn 1.		